

The Literary Fashioning of Medical Authority

A Study of Sun Yikui's Case Histories

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This chapter examines the published casebook of a famous late-Ming physician, Sun Yikui (ca. 1522–1619), from the perspective of literary history. It has become commonplace in what we may call cultural studies of the European and American medical case to emphasize the narrative nature of this genre as part of a broader argument about the narrative structure of medical knowledge.¹ My study of Sun Yikui takes this insight as a basic point of departure but, in addition to exploring the narrative aspects of individual cases, analyzes the range of literary strategies and assumptions about the case's contribution to knowledge in the casebook as a whole. It is important to see the late-Ming medical casebook as a process of writing that was practiced, circulated, published, and read in a certain social and intellectual context as part of a well-developed print culture. Above all, because a late imperial doctor's status depended on class and culture rather than guild, professional, or imperial certification, the casebook was designed to appropriate for the literatus-physician the prestige and power of authorship in a society that prized the written word so highly.

Jiangnan, the prosperous region south of the Yangtze River where Sun Yikui established his practice, was a seat of both medical learning and the publishing industry during the sixteenth century. Sun himself is an excellent example of the physician as author, whose works, each covering a different genre of medical writing, were published during his lifetime. His casebook, published around 1599, was the last of his books to appear in print.² His discussion of selected issues in medical theory, *A Further Installment on the Purport of Medicine* (*Yizhi xuyu*) was published around 1590, followed by his medical encyclopedia *Pearls of Wisdom Retrieved from the Crimson Sea* (*Chishui xuan zhu*) around 1596.³ The three books were written concurrently over the course of many years and were eventually published in Sun Yikui's old age as the capstone to a long and successful career as a clinical doctor.

Although Jiangnan was a major publishing center and medical works were recognized as a lucrative branch of the book trade, Sun Yikui's works were not, at least initially, published for profit.⁴ Despite his reputation in the medical field, he could not find a publisher who was willing to finance the projects.⁵ Eventually, the publication costs were underwritten through contributions and endorsements from his well-to-do and highly placed patients.⁶ Both *The Crimson Sea* and the casebook are clearly identifiable as high-end private printing efforts rather than commercial ventures. The prestigious nature of this publishing mode in turn reinforced Sun's own authority and self-presentation as a learned doctor.

The increased publication of books on medicine in sixteenth-century Jiangnan is evident in the 178 titles listed in the bibliography of medical works Sun appended to *The Crimson Sea*. The itinerant habits of doctors such as Sun, who were required to travel frequently through the territories in which they maintained a practice, would also have facilitated getting hold of books and may have even helped disseminate them.⁷ As printing made advances in medical knowledge formerly confined to the disciples of individual physicians or hereditary medical families available to a wider reading public of both specialists and laymen, doctors would have been expected to keep up-to-date. In *The Crimson Sea*, Sun takes his fellow physicians to task for sticking to outmoded and misguided medical theories, even after they have been persuasively refuted in print.

The Medical Casebook of Wang Ji [*Shishan yi'an*] was published more than sixty years ago. The book's rebuttal of Wang Ruyan's injunction against the use of [yang-replenishing] ginseng and astragalus root is absolutely correct, yet doctors of our age still remain glued to the prejudice that one must "nourish yin and make Fire descend" and blithely forsake the use of ginseng and astragalus root. . . . Even when their stubbornness . . . leads to the patient's death, they have no regrets. I myself have personally seen dozens or even a hundred such deaths with my own eyes! . . . Since Wang Ji's book has already been published, why are people still following the old practice? I expect it may be that contemporary doctors have not yet seen his book.⁸

To rectify this situation, Sun recopied the full text of Wang Ji's essay promoting ginseng and astragalus root in *The Crimson Sea* to make it available to a new generation of readers.

In fact, as the first important published collection of medical cases in China, Wang Ji's (1463–1539) casebook (published around 1531) is the *only* work of this genre to appear in Sun's bibliography. Sun's advocacy of Wang Ji's views is not surprising since he could claim membership in this renowned physician's lineage by having studied medicine for a time with one of Wang's disciples.⁹ In addition, Sun, like Wang, was a native of Huizhou Prefecture in Anhui Province, where he

also established a practice, and both men can be seen as products of Huizhou's distinctive medical culture and thriving publishing industry.¹⁰ Still, the authority Sun appeals to in the above passage is Wang Ji as published expert rather than Wang Ji as personal teacher once removed. As revealed here, Sun's connection to Wang was mainly one of readership, established through the public medium of the printed word rather than through the private and primarily oral medium of discipleship and lineage.

The text of Sun's own casebook was jointly edited by two of his sons and two of his disciples. The book went through several editions during the Ming alone and was reprinted and excerpted throughout the next centuries, attesting to its popularity and importance in the medical literature. The casebook includes five chapters and covers 397 cases, a rather large number, it appears, judging from Joanna Grant's study of Wang Ji's casebook and Charlotte Furth's study of a comparable later casebook (published 1644).¹¹ Even so, these 397 cases by no means represent the total output of Sun's written cases. According to the notice of editorial principles (*fanli*), the published volume contains only about 20–30 percent of the original hefty manuscript. Some cases were involuntarily excised (part of the original manuscript was damaged); others were excluded on editorial policy: only cases resulting in a determinable method of cure were selected, while cases covering similar illnesses and treatments were omitted to avoid redundancy. The bulk of the cases included are success stories in which the patient makes a full recovery, but in a few cases the patient does die, either to bear out the astuteness of the physician's diagnosis of a fatal illness or as a result of a rival physician's blunder. As one of the earliest compilations of cases from a single physician's practice, Sun Yikui's work is particularly interesting from a literary point of view because he wrote when the case history genre was at a plastic stage and could still be composed with narrative flair and develop a personal voice.

DEFINING THE CASE

Like all genres of traditional Chinese medical writings, the case history was recorded in the classical language rather than the vernacular. In this, the medical literature is unexceptional, because with the exception of some fiction, drama, songs, teachings, sermons, and criminal confessions, all prose, even if it attempted to depict the reality of lived experience, was written in some form of classical Chinese up until the twentieth century. In terms of literary style, the case can be loosely classified as a type of reportage literature, belonging to the branch of "unofficial history" (*yeshi*). These are brief, anecdotal accounts of events, purportedly witnessed or heard about by the author, which are written in simple prose, mainly unadorned by literary figures such as allusion and metaphor. The narrative moves at a fast clip; dialogue is often included, and evaluative or interpretative comments

are occasionally tacked on at the end. As short pieces, the expectation is that they will circulate in sets or collections, rather than singularly.

One of the most common and earliest genres of reportage writing is *zhiguai*, or "accounts of the strange." Medical anomalies and bizarre diseases were a staple of this literature, and some stories even included recipes for medical prescriptions. Early accounts of the strange were in turn featured as proof texts for anomalies in Ming medical reference books such as Li Shizhen's *Classified Materia Medica* (*Bencao gangmu*, late sixteenth century).¹² A number of cases in Jiang Guan's (1503–1565) influential *Classified Cases from Famous Doctors* (*Mingyi lei'an*, published 1591), particularly those that treat possession and other such syndromes, read like accounts of the strange, especially because in such anthologies of cases, the physician's first person is routinely changed to the third person and because the unusual was one of Jiang Guan's criteria for selection.¹³ The similarities arise in part because the sources Jiang drew upon to compile his cases included not only specialist medical writings, but also actual *zhiguai* collections such as Hong Mai's (1123–1202) *Records of the Listener* (*Yijian zhi*).¹⁴

From a narratological view, what distinguishes the medical case history from an account of the strange is not primarily the concentration on one field of knowledge, the employment of technical language, or the repetition of a couple of basic plot types, but the fact that the author is presented as the main actor in the story. In other words, the author of the typical account of the strange is usually a heterodiegetic narrator—that is, he tells a story that happens to someone else, whereas the author of a typical medical case is a homodiegetic narrator, or someone who tells a story in which he is the chief protagonist. In that the medical case aims to contribute to a clearly defined domain of specialist knowledge, the physician-author's authority as an expert in the field reinforces both his role as chief protagonist in the story he tells and the factuality of his narrative. In accounts of the strange, the credibility of the events recounted is always at issue; to compensate, a narrative often attempts to provide internal proof attesting that the anomaly has indeed occurred; in certain stories, a lawsuit may even be brought, requiring the intervention of a court magistrate to investigate and verify the matter. By contrast, what is at stake in a physician's casebook is not normally the credibility of a particular case as fact, but whether the physician has followed the appropriate course of action in a specific situation; the case is offered as written evidence to prove that he has.

Sun Yikui prefaces his casebook with a definition of the medical case: "When a diagnosis and treatment have produced results and the recipe for a prescription is set, one then writes them down in a notebook so that they will be available for everyone to consult. It's like an experienced official having decided a lawsuit: once the written verdict is settled, it cannot be changed."¹⁵ On a superficial level, the

analogy enhances Sun's authority by equating what the physician does with the bureaucratic workings of the courtroom, just as likening medical records to legal documents does. On a deeper level, however, the analogy underscores the historical affinity between the medical and the legal case discussed at length in Charlotte Furth's essay in this volume (chap. 4). As she notes, the "consultation records" are included in Sima Qian's biography of Chunyu Yi as part of this early famous physician's attempt to acquit himself during an imperial interrogation into his medical practices.¹⁶ Sun's preface indicates a similar defensive motive to set the record straight when he writes that his lifetime practice of noting down the symptoms, pulse diagnosis, and method of cure for each patient was partly intended to demonstrate to the world that "in attending the sick, I was not careless, and in prescribing drugs, I was not reckless."¹⁷

But *an* is not the only word we need to consider in sorting out the deeper parallels between the legal and medical case in China. As a noun, a case also becomes the object of certain verbs, whose implications are equally important for grasping the semantics of the case in a given language and culture. Summarizing André Jolles's ideas about the morphology of the case form, James Chandler writes, "The case has been repeatedly associated in many Indo-European languages with the metaphors of scales and measures. In English we say that cases are "pondered" and "weighed"—that they "pend" or are "suspended," that they hang in the "balance." Chandler then cites Jolles directly: "The peculiarity of the case form lies precisely in that it poses a question without being able to give an answer, that it imposes on us the obligation to decide without containing the decision in itself—it is the place where a weighing of things is carried out, but not the result of that weighing."¹⁸

If we look at the verbs applied to the case in literary Chinese, we find the most common are *duan* (to decide), *pan* (to judge), and *ding* (to determine). *Duan*, the verb both Sun Yikui and Cheng Zeng employ in their prefaces and which is probably the broadest in covering any sort of case, is marked by the axe radical *jin*, while *pan*, which tends to be restricted to a purely judicial context, exhibits the knife radical *dao*. The metaphors here relate to cutting off, cutting in two (in the sense of making a distinction and drawing a boundary), or fixing (in the sense of making a final determination). The semantics of the Chinese case that emerge here is one in which the deliberation entailed is expected to have a clear result, a verdict. It may be that to drive home his argument about the contradictory form of the case, Jolles emphasizes only the verbs of weighing and balancing and not other Indo-European verbs also commonly used with the case that stress outcome rather than process, such as decide, determine, and resolve. The Latin verb *dēcidere*, from which the French *décider* and English *decide* come, is, in fact, derived from *caedere* (to cut) and means both "to cut off" and "to decide" in a fashion strikingly sim-

ilar to the Chinese terms *duan* and *pan*. Still, an emphasis on result does not negate the importance of Jolles' argument for the form of the Chinese case—that it is, in Chandler's deft phrasing, "by virtue of judgment that [the case] offers formal mediation between the particular and the general, between instance and rule, between circumstance and principle."¹⁹ It is rather that in the Chinese conception, only a clear judgment enabled a case to perform the work of mediation.

It is evident from Sun Yikui's preface that he understood a doctor's encounter with a patient to be a case only when it resulted in a clear outcome, one that followed a discernible trajectory of diagnosis-treatment-prescription. Sun's sons and disciples further reinforced this definition because, as they indicate in their notice of editorial principles, they selected from the manuscript only syndromes that exhibited a "fixed pattern" of cure (*dingshi*) to print as "leading cases" (*cheng'an*).²⁰ The assumption here is that only cases in which the mystery of the patient's illness has been solved by being diagnosed and cured could serve as precedents or reference points for the future.

From a narrative point of view, the analogy Sun draws between the medical case (*yi'an*) and the crime case (*gong'an*) is also significant since detective fiction and drama were an important literary subgenre in China, well developed by the thirteenth century and flourishing in the late Ming. Indeed, the medical case and crime case fiction of sixteenth-century China do share some obvious structural elements. I will pick out only a few of them here.

In her study of the case history as it is practiced in contemporary American medical education, Kathryn Hunter points out that the European and American medical case "developed [in the 19th century] along with that most modern of Western literary forms, the detective story."²¹ Hunter draws parallels between the methods of observation and deduction employed by Sherlock Holmes in his detective work and those employed by doctors in their clinical reasoning.²² The analogy may work even better for traditional Chinese detective fiction, however, because the official in charge of the case is detective, arresting officer, and judge all in one. In other words, the detective has full legal authority over the case he is investigating and, like a doctor, is not only supposed to diagnose the disorder and solve the mystery, but also remedy it once and for all. There are other structural similarities as well. A common convention of the crime case story or play, including some of those involving the famous Judge Bao, is for the detective-judge to enter onto the case only after several previous officials have already botched up the case and accused the wrong person, who is now imprisoned on death row. The judge's work consists largely of undoing the harm his predecessors have done before he can solve the crime and put the situation to rights. This convention may also have provided the structure for the medical case, especially those authored by a single physician. The doctor narrating a late-Ming medical case usually comes

on the case only after several other doctors have already misdiagnosed the illness and compounded the patient's suffering by prescribing the wrong drugs. As in plots involving Judge Bao, the doctor-narrator-hero's correct diagnosis and successful cure thus shine forth all the more brightly against the background of the case's mismanagement by inept or crooked predecessors.

The catalogue of the eighteenth-century imperial library project, *Complete Collection of the Four Treasuries* (*Siku quanshu*), complains that although Sun Yikui was learned in medical theory, which he expounded upon in other works, his case histories suffered from an excess of trivial detail and a disproportion of tangents to main text, partly because the chief aim of this work was to promote Sun's reputation as a successful clinical doctor.²³ Such criticisms are still repeated in modern reference works on Chinese medicine, though the latest edition of Sun's complete works does praise the case histories for their vividness and completeness.²⁴

The imperial library's critique probably reveals more about the editors' neo-classical preference for economy in style and the greater rigidity of eighteenth-century case history conventions than it does about Sun Yikui's shortcomings. Nonetheless, the casebook's notice of editorial principles does show concern that readers might object to some of Sun's language in the cases. It defends the use of dialect, slang, and immodest praise of the doctor in these case histories on the grounds that this is how a patient's household actually talks in a crisis situation. Sun's own brief introduction to his casebook criticizes the case histories of previous doctors as being too laconic, taking them to task for omitting prescriptions and other crucial information. Sun doesn't mention any names, but as his main precedent, Wang Ji's casebook must have been among those he was critiquing. Wang Ji's casebook lacks the kind of details—both specifics such as personal names and vivid narrative touches—that are so striking in Sun's casebook.

The "problematic" aspects of Sun Yikui's case histories—the gossipy, lively detail and the internal preoccupation with the reception of the physician and his work, both of which appear extraneous to a strictly technical presentation of a treatment—provide the twin points of departure for my own study. The first part of the chapter provides an overview of this casebook's general orientation, mood, and working method. This provides a base and context for the analysis in the second half, which looks closely at three remarkable, richly textured cases, each of which raises literary issues of narrative technique in medical writing as well as social issues relating to gender and the clinical encounter.

My study deals mainly with the 154 cases included in the first two chapters covering the Sanwu region (Suzhou and Changzhou in Jiangsu Province, Huzhou in Zhejiang Province). Generally speaking, the cases that were the most dramatic and successful as stories were to be found in this section, and the first chapter in particular, when Sun must have been in the early process of establishing his career,

sheds the most light on the social and literary function of the doctor's case history. On the whole, the cases in the last three chapters cover his practices in Xindu (Xin'an [Huizhou] in Anhui Province) and Yixing in Jiangsu Province and seem more routinized and perfunctory. Sun no longer incorporates much specific information about the writing or circulation of his case histories or details his patients' high opinion of him.

THE PREOCCUPATION WITH RECEPTION: SELF-PROMOTION AS SELF-FASHIONING

Sun Yikui was a perfect specimen of the literatus doctor type who relied primarily on the methods of pulse diagnosis and individually tailored prescriptions and who prided himself on his book learning and his social connections with the local elite. His case histories reflect this concern with status and place for they are grouped by the locality of his practice, rather than classified by symptom or organized in a strict chronology, as they are in many other casebooks. (According to the notice of editorial principles, within each locality the cases are said to be arranged in chronological order, but it is apparent from even a superficial reading that thematic considerations often played a part in determining the arrangement of cases too). With the typical literati disdain for narrow specialists and approval for broad knowledge in a field, Sun's cases range across a wide spectrum of patients and ailments; however, the majority concern the domains of *neike* ("internal" medicine), and *fuke* (medicine for women, particularly relating to reproduction), and his practice only rarely extended to the lower classes.²⁵ What links these disparate cases together is that they are framed around him as narrator and central character, a doctor who plays up a literati persona to enhance his medical aura and prestige.

Sun Yikui's status as the son of a degree-holding scholar was a crucial component of his self-presentation. In an autobiographical preface attached to *The Crimson Sea*, Sun recounts that he came from a family of scholars (rather than of hereditary doctors). When his father was only twenty and in weak health, he passed the first set of civil service examinations to qualify as a licentiate with a specialty in the *Classic of Changes* (*Yijing/I Ching*).²⁶ He studied hard for the next set of exams, which he took repeatedly but never passed. Each time he returned home after failing the examinations, he became demoralized and his health worsened. This profile of Sun's father was only too familiar throughout the late imperial period; indeed, unsuccessful examination candidates were also commonly understood to be perfect candidates for sickness and were considered particularly vulnerable to serious illnesses such as stasis (*yu*), also translated as depression or melancholy.

Sun does not name his father's illness or describe his symptoms. Instead, he recollects the genesis of his desire to be a doctor: "I was only a little boy at the

time. Waiting upon my father, I was really saddened by all this. I thought to myself: People say that to serve one's parents one must know medicine. How can I learn the secrets of medicine so that I can nurse my father back to health?"²⁷ Sun couches his career choice conventionally in terms of a filial imperative, but practical economic concerns are clearly motivating forces. Studying for the examinations like his father was apparently out of the question. His father first sends him off to learn to be a merchant; on the way he meets a Daoist who offers to reveal his secret prescriptions and teach him to be a doctor instead of wasting his time in search of profit. Sun does so, and then returns home to tell his father that he wants to practice medicine (here called the "technical arts"). His father readily agrees that medicine would be a better profession for his son than trade.

Sun's meeting with a mysterious figure who transmits esoteric technical knowledge to induct him into a profession is a trope of great antiquity in China. The biography of Bian Que, the legendary founder of medicine, included in *Records of the Grand Historian*, also begins with the future physician's meeting with a divine figure who gives him secret books of medical wisdom.²⁸ *Records of the Grand Historian* features a number of similar myths about the initiations of other great masters into the technical arts. As a rule, such episodes serve a metonymic as well as symbolic role in a biography; the acquisition of the secret book stands in for the whole of the person's early education and training.²⁹ Sun Yikui's account of how he became a doctor is more down-to-earth, however. The secret prescriptions he learned from the Daoist turn out to be "hard to put into practice." So he sets himself to studying the medical classics. But book learning proves insufficient too, so he leaves home to travel (a common form of medical apprenticeship), studying what and with whom he can. He finally settles and establishes a practice in the Sanwu region, where the first two chapters of the case histories are set. He concludes with an acknowledgment of his social and professional success; the renowned gentlemen of the Sanwu region considered him a knowledgeable man and befriended him despite the differences in their status, and in recognition of his accomplishments, one of them even helped defray the publication costs of his medical encyclopedia and distributed free of charge drugs made up according to Sun's prescriptions.

Although this personal account is attached to Sun's encyclopedia rather than to his casebook, his case histories can also be read as something of an autobiographical project, a cumulative work of self-representation and self-fashioning on the order of a *wenji*, the collected literary works of an individual scholar or official.³⁰ These case histories can be viewed as another expression of the concern to document the major events and accomplishments of one's own life that we find in the annalistic autobiographies (*zixu nianpu*) that were increasingly written in this period, although Sun's distinctive character and voice emerge more strongly than

they do in any annalistic autobiography I know.³¹ Indeed, his sons and disciples express this hope in their notice of editorial principles for Sun's casebook: "In perusing this work, it will also be possible for like-minded men to get a general sense of his life."³²

The first edition of Sun Yikui's casebook is crowned with an entire volume of credentialing prefaces and laudatory poems and letters from prominent members of the local gentry, along with a portrait of the doctor himself accompanied by a series of encomia attributed to several of the same people. A portrait of the author was frequently included in a scholar's or official's literary collection as a visual counterpart to the literary documentation of the person provided in the text, reinforcing the biographical and commemorative nature of his "life's work." Sun's casebook resembles and even exceeds the prefatory materials of this kind customarily attached to a standard *bieji* of the period or to other Ming and Qing casebooks. (Though again his sons and disciples explain that they are printing only a fraction of the letters and endorsements Sun received from his patients over the course of his career). Some of the prefatory material to Sun's casebook is identified as contributions from prominent members of the local gentry (*zhu jinshen mingjia*), a subtitle that would never appear in a regular *bieji*. This explicit label serves to reinforce the status distinction between the contributors and the physician even as it endeavors to endorse the respectability and refinement of the volume as a whole.

Sun Yikui knew very well that case histories and testimonies by patients and their families were the raw materials out of which people from the earliest dynastic histories to his own day fashioned a physician's biography. He was acutely aware that only with the support of the local gentry could a doctor build up a practice, gain an audience for his writings, and become a leading figure in the field with a lasting reputation. He himself compiled a biographical essay on six famous doctors, ending with Zhu Zhenheng (1282–1358) and Hua Shou (Boren; 1304–1386). In the essay, Sun asserts that Hua Shou was in no way the inferior of Zhu Zhenheng, but regrettably, Zhu's reputation and influence in contemporary medicine vastly exceeds Hua's: "The reason is that Zhu was promoted by the members of the gentry of his time with whom he associated. And furthermore, the renowned physicians Dai Yuanli and Liu Zonghou were his students. This is why Zhu's name is so widespread, whereas despite the heights to which Hua took the art of medicine, his reputation lags behind." And this is why Sun also exclaims in the same essay, "Whenever I read *Records of the Grand Historian* and reach the part where the Grand Historian praises . . . Bo Yi, I always close the chapter and sigh over the fact that despite the heights of Hua Shou's art, no one afterwards helped publicize him and his work."³³ The Grand Historian's biography of the hermit Bo Yi, who starved himself to death, observes that although Bo Yi was a virtuous

man, he left no writings behind and owed his fame entirely to Confucius' praise of him. In this particular essay, it is Sun who is serving as the biographer of other deserving physicians, but the Grand Historian's final lines of Bo Yi's biography could almost serve as a motto for Sun's own case history project: "People of humble origins living in village lanes strive to make perfect their actions and establish a name for virtue, but if they do not somehow ally themselves with a man of worth and importance, how can they hope that their fame will be handed down to posterity?"³⁴

As in the case of other types of literary compositions, Sun Yikui circulated drafts of some of his encyclopedia chapters and medical cases to grateful clients, the way aspiring scholars might circulate their writings to admiring patrons. His cases concerning one particular patient, Dong Xun, an elderly gentleman with whom he was on close terms, is unusually forthcoming on this point. Sun first successfully treats Dong Xun for a stomach ailment; Sun concludes this first case with a long speech that Dong Xun made to someone else about his merits as a physician. In the speech, Dong quotes a line from a poem he had composed in praise of Sun, which he had copied onto a scroll as testimony to the doctor's merits (1.738 #7) In consecutive cases Sun treats Dong Xun's daughter-in-law, cook, married daughter, and, in the next chapter, his elderly wife. By the time Sun treats Dong Xun's cook, he is clearly on intimate terms with the old gentleman; the two are playing chess together when word comes that the cook is dying. "Such is my fate, such is my fate!" laments the unhappy gentleman, pushing aside the chessboard. To the doctor he explains that good cooks are hard to come by, and this one was the only one whose cooking he'd found to suit his taste. Sun magnanimously offers to attend to the cook. Dong demurs. "How can I bother a great man like you with such a humble fellow!" Sun replies, "A doctor is concerned with a person's life and death; what business has he to quibble over differences in status?" And he insists that he cannot stand idly by while someone in Dong's service needs help. He saves the cook's life, of course. When Dong Xun learns the news, he leaps to his feet in delight, exclaiming, "What I wrote about you in my poem ... was not false praise!" (1.739 #9) The full text of this poem is, in fact, included in the "contributions from prominent members of the gentry."

After Sun cures Dong Xun's married daughter of cough and fatigue (1.739-1.740 #10), some greater expression of gratitude was evidently called for. The old gentleman sends him a letter of extravagant praise, which Sun quotes toward the end of this case. Of particular interest is this passage: "In the past Song Jinglian wrote a biography of Zhu Zhenheng. I'm certainly not so clever, but fortunately you have given me some accounts of cases you have cured. Allow me to write a preface for them in order to pass them on to posterity and provide an aid for other practitioners of this art." It is not clear whether Dong Xun ever actually read

case histories or wrote such a preface, for no preface is included in the published edition of Sun's case histories. But what is important here is the evidence in the case histories themselves that Sun was passing along some of his cases in manuscript form as he wrote them to high-class patients with whom he enjoyed an ongoing relationship as physician and friend; important, too, is the *written* nature of the services such a patient could reciprocally perform on behalf of the physician. Clearly the highest literary tribute would be to write a biography or, barring that, a preface to the doctor's work, and below that still, the composition of a poem to spread his reputation. The delicate subject of monetary remuneration is never mentioned in the casebook (and in several cases, Dr. Sun takes pains to distinguish himself from mere medical apothecaries or shopkeepers). An offer to help finance publication of the doctor's work, however, could be acknowledged in print. In a letter included in the "contributions from prominent members of the gentry" but not in one of the case histories, another grateful patient of Sun's, Pan Jiansuo, writes of his regret that the doctor's published works are still incomplete and offers to underwrite the cost of publishing "his marvelous case histories" to make them widely available and make his name live forever like the famous doctors of old.³⁵

In most of the cases where Sun cites praise of himself by others, the evaluation comes at the very end and serves the rhetorical function of providing closure to the narrative. In the case of Dong Xun's daughter, mentioned above, the quotation of the letter plays a more complex role. The letter is introduced close to the end of what appears to be a successful cure. The reader is already conditioned to take the laudatory evaluation as the conclusion of the case. But the closure of the letter, like the positive results of the treatment, turns out to be a false one, which heightens the plot twist. In the narrative, the letter is actually a pivotal device, which affords Sun the opportunity to issue a warning to the lady's husband that all is not as it seems to be, as he modestly shrugs off the father-in-law's effusive compliments. Sun reveals that the lady's pulse reading is still worrisome and that a relapse is possible if she becomes angry. (Of course, it's easy to read this as shrewdly hedging his bets, as seizing control of the narrative situation to prepare the family members and readers for the dramatic reversal in the case; and indeed at the end, this refusal to be so flattered that he will conceal or overlook the potential negative outcome of the lady's illness becomes an occasion for praise.) Once the warning has been issued, the narrative logic shifts to the rule that what someone (especially a doctor) warns against will come true. Sure enough, the lady does eventually grow angry with her husband—so angry that she stops taking the medicine Dr. Sun prescribed—and dies. Now when the doctor reports that everyone admired his straightforwardness and acumen, this final piece of praise really does mark the end of the case.

Two other entries specifically call attention to the practice of recording case histories. In the first (1.751 #46), a married woman, the daughter of another member of the gentry, is suffering from a digestive ailment and has for some time been under the misguided care of a specialist in women's medicine, a Dr. Chen (Chen *nike*), with gradually worsening results. Finally Dr. Chen "comes to the end of his bag of tricks" and, preparing to leave, pronounces the illness to be a fatal one. At this juncture, our narrator is called in to treat her; he quickly finds that the lady's illness has been utterly misdiagnosed by Dr. Chen, the disaster compounded by the incorrect medicine he had prescribed for her. Step by step, Dr. Sun arrives at the correct prescriptions to eliminate each of the lady's symptoms and restore her completely to health.

In and of itself, there is nothing exceptional about this case. Competition with rival doctors is a staple of the Ming medical case. Furth has argued persuasively that this competition reveals the contingency of the doctor's medical authority and the precariousness of his professional position.³⁶ The physician himself was more likely to couch the problem in terms of the medical risks a patient exposed himself to through such fickleness and ignorance. As Sun complains elsewhere,

Since a patient wants to find a quick remedy, he doesn't engage any one doctor long, but keeps switching from one physician to the next. The patient is especially ignorant that someone suffering from depletion has been robbed [*duo*] of essential vitality [*jingqi*] and must take quantities of replenishing drugs. The benefits of these are only visible after a period of months or years, but the patient, abominating how slow the therapy is to show results, switches to another physician for treatment. And so he keeps on changing doctors and trying new ones. A later physician, observing that the previous prescription didn't work, suspects that the syndrome has been misdiagnosed, and so he alters the drug therapy, little thinking that it is simply that the previous drug's capacity has not yet reached its full effect. From this, the patient's Spleen and Stomach are increasingly damaged, until he is beyond saving. And even then the patient deplores that there are no good doctors in this world!³⁷

From a narratological point of view, the entrance of the narrator-hero-doctor onto a case after it has already been bungled by a previous, incompetent doctor is one of the most common plot types in the Ming medical case. The hero-doctor's struggle over the disease is then dramatized as a struggle over the ignorance and chicanery of the other doctor. But what makes the above case of the lady with the digestive ailment remarkable is that it concludes with the *written* capitulation of the rival doctor: "The specialist turned red, marveled over my cure, and accepted his defeat. *Then he recorded [or copied?] the case and departed.*" The sign, practically and symbolically, that the rival doctor has bowed to Sun's superior authority

is that he writes the case down. In this conclusion, recording a case history is portrayed primarily as a performative rather than informational act. We do not learn how Dr. Chen portrayed the events of the case or whether in fact he recorded only the prescriptions successfully used in the case. It doesn't matter. It is the gesture of recording a case that a rival doctor has successfully treated that flags the ignominy of Chen's defeat and Sun's triumph.

The other case (2.773–2.774 #150), involving a weird female genital disorder, sheds light on the intersection of medicine and book culture in Dr. Sun's view of knowledge. Distinctiveness—at least in the sense of relative uniqueness—was one of the criteria given for the selection of his published cases. But Sun's casebook seldom records “rare diseases” (*qiji*) or medical anomalies;³⁶ he rarely enters into the “discourse on the strange” or broader questions of epistemology. This subject, however, is addressed at some length in this particular case, not as an exposition of abstract principles, but contextualized within the social relations of healing, as part of the rhetorical arsenal a doctor had at his disposal. The case begins with an enigma. A man comes three times to the doctor's door, but each time he is so embarrassed that he leaves without saying what he's come for. The fourth time the man appears, blushing furiously, Dr. Sun takes the bull by the horns and delivers a long lecture.

Everyone who comes to see me says I can diagnose curious illnesses and treat them. Now you've come three times—there must be something curious in it. If you don't divulge a word, even if you come one hundred times, I'll never be able to make a diagnosis, and the illness will never go away! Moreover, the universe is filled with strange things; nobody but a sage could be familiar with them all, or for that matter, cure them all. *In those collections of medical records, medical encyclopedias, medical theory, and so on, strange symptoms are as numerous as spines on a hedgehog. Unless someone perspicacious about such things can make a diagnosis and cure, how can we expand the general knowledge of those who come after us?* (Italics mine.)

Once again we find the reflexive appeal to the function of the written medical record within a case that the doctor himself is recording. Striking also is the doctor's absolute confidence in books as a means of containing the frightening power of unknown phenomena—not because these books can explain anomalies and make them understandable, but simply because such books tame anomalies by incorporating them into the field of human knowledge.

In any event, the doctor's speech works. The man breaks down and confides the problem to the doctor: because of a strange growth in his wife's vagina, she is in such physical and mental anguish that she is ready to kill herself. After asking a few questions, the doctor makes his diagnosis: “Now generally what is considered strange is something that has never been seen or heard, or *something that has never*

been recorded in books. Now what you've told me today is nothing but a symptom called "vaginal protrusion" [*yinting zheng*]. Since there's evidence of such a thing in books, surely it doesn't qualify as something strange!"³⁹ After assuring the man that his wife's condition is curable and unrelated to deeper reproductive disorders, the doctor gives him a prescription to take back to his wife, telling him the symptom should clear up in a month or so. Once again this seems like it should be the end of the story; once again there is a narrative twist. Three months later the husband appears at the doctor's doorstep again. He confirms that his wife had been cured just as the doctor had said. But he has returned to ask his advice about another matter concerning his wife's health. It's been more than a month since her last period; could the doctor tell him what illness she might be suffering from now? Amenorrhea was considered a grave problem for women in late imperial medical culture, a condition not only linked to reproductive capacities, but also indicative of a dangerous disruption of fundamental vitalities in the body.⁴⁰ But Dr. Sun does not even entertain this second line of reasoning for a moment. Instead he immediately replies, "Your wife is with child." The husband is incredulous. "But we thought she had only just recovered. It couldn't really be pregnancy, and we were afraid she might be suffering from another illness." The doctor is right, of course, and the case ends on the happy note that the woman carried the pregnancy to term and gave birth to a son. The birth of a child or eventual success at the examinations are two typical closures for Sun's cases, marking as they do the conjunction of two popular cultural happy endings with proof of a patient's complete return to health.

LITERARY ANALYSIS OF INDIVIDUAL CASES

So far I have argued that in packaging and positioning, Sun Yikui's published casebook, read as a collection, resembles a *bieji*; in its focus on the self-presentation of events in the author's life, I suggested that the casebook also had something in common with the annalistic autobiography. This section focuses on those characteristics his case histories shared with late-Ming classical fiction and drama. The three individual cases singled out for analysis are not particularly representative of the casebook as a whole. Even by the standards of Sun Yikui's other cases, these three are extraordinary in their appeal as stories and include variables not frequently found in the casebook at large. Two of the cases involve courtesans (there are only three in the entire five-chapter casebook, and it is rare even for concubines to be mentioned in case histories) and the last case is again one of only three in the book to involve a confrontation with a rival doctor who is a woman.⁴¹

Literature of this period abounds with romanticized stories about liaisons between young elite males and idealized courtesans. Indeed, the beautiful, talented, and morally superior courtesan is one of the staple themes of Chinese fiction

through the late nineteenth century. Both of Sun's cases involving courtesans are more prosaic than the typical short story; still, the subject matter may have encouraged him to take greater narrative liberties than in other of his case histories. The first case I will discuss (1.747 #31) reads remarkably like a tale or anecdote from the period; indeed, with a little editing (omitting the detailed prescriptions and shifting the doctor's first-person pronoun to the third person), it could easily pass for one.

The case involves a courtesan incapacitated by an ailment called "wind-pain" (*tongfeng*), which, like rheumatism, results in symptoms such as aching and swollen joints. Her other symptoms include loss of appetite, weight loss, and amenorrhea. As in fiction and drama, this is no ordinary courtesan, however, but the *crème de la crème* of her profession, a woman of refinement who enjoys a reputation as the finest singer in the pleasure quarter. Since the courtesan's condition has already persisted for eight months, her avaricious and hard-hearted madam no longer sought medical help for her but accepted this as a chronic condition. The madam is another stock figure of fiction and drama, where her ugliness, moral and physical, is usually a foil to the goodness and beauty of the courtesan-heroine. The implication is that other doctors had been previously brought in, but all of them had failed. Dr. Sun is brought into the case by a friend and fellow townsman of his, a regular client of the courtesan's. It is here that the case departs from the norm. After taking her pulse and being asked by the friend for a prognosis, the doctor makes a joke. "If you can marry her, I can cure her." Marrying a courtesan, at least taking her as a concubine, was perfectly possible during the late Ming. Allan Barr has written about love affairs of this sort in late sixteenth century literary circles.⁴² And several of the most famous literary men in the 1630s and 1640s did take celebrated courtesans as concubines.⁴³

The point of Dr. Sun's witticism is also to test the waters about his friend's feelings for her. It must already be apparent to the doctor that the friend calling him in signals more than a casual relationship. By bringing the doctor to see the courtesan, the friend has *already* assumed the role of male householder taking responsibility for a dependent female's illness. These social relationships of healing are simply ratified in the end when he actually becomes her husband. Nonetheless, the friend demurs at first, protesting that a love affair in the pleasure quarters leading to marriage is just a "cliché" that people like to tell stories about, not something people actually do. But the doctor presses on and affirms his approval of this particular courtesan as a wife; the friend soon admits that he had been wanting to marry her all along but was afraid it would be too expensive.

In fiction and drama, marriage between a young man of good family and a courtesan is usually opposed both by the boy's parents, who cut him off without a

cent, and the girl's madam, who is loath to lose her "money tree." In this particular case, the doctor's friend is a widower of unidentified social background, presumably not of scholar status or Sun would have specified so; moreover, he is unlikely to be young and his parents are not a relevant factor, so how to get around the madam's avarice is the central problem. One of the most common subplots in scholar-courtesan romances in fiction and drama concerns the lovers' stratagems to raise the necessary purchase price to buy the woman out of service. The remarkable thing in this story is that it is the doctor himself who thinks up the scheme: take advantage of the courtesan's illness and swear an oath of marriage with her *now* to get a bargain from the madam. Thus the doctor *refrains* from treating the courtesan until *after* his friend has bought her out.

As a foregone conclusion, the actual treatment, though the prescriptions are given in detail, is definitely something of an anti-climax in the narrative. This is because the usual hermeneutic focus of a case history—the doctor's diagnosis of the deep structural disorder underlying the patient's surface symptoms and the logical assumptions determining his therapeutic course of action—is displaced from the medical plot to the marriage plot.⁴⁴ This displacement is borne out in the happy ending of the story, which finishes not simply with a report of the patient's full recovery, but also with the remarkable success of the match. In fact, the longevity of their union may be what Sun particularly congratulates himself upon, since marriages with courtesans appear to have been less stable on the whole than ordinary marriages.⁴⁵ The obligatory praise serving as closure for the case follows suit; what everyone praises is Sun's "judgment in people"—his ability to recognize the superior abilities and moral worth of this courtesan—rather than simply his medical expertise.

Another noteworthy thing in this case is the doctor's ability to detect the couple's true feelings for each other despite the fact that the illness the courtesan is diagnosed as suffering from—wind-pain—is not ordinarily linked with the manifestation of thwarted desires in either medical or fictional literature. The courtesan's other symptoms—loss of appetite, weight loss, and amenorrhea—on the other hand, are classic indicators of stasis in medical case histories; the same symptoms, minus the amenorrhea, are standard signs of lovesickness in fiction and drama.⁴⁶ Thus it is possible that these *other* symptoms, which accompany the courtesan's swelling and aching joints, are what lead the doctor to conclude that the patient "has set her heart on" his friend and that theirs may be a match made in Heaven. But this is something the doctor-narrator keeps from the reader, for he does not, unlike many other cases, reveal his diagnostic or therapeutic reasoning process. In any event, one obvious difference between a case history and a fictional narrative is that the latter would not tolerate such an asymmetry between the primary dis-

ease manifestation (wind pain) and the significance the doctor reads into it (the patient is pining for marriage), but would be likely to rewrite the case by changing the disease to something else in order to squarely align sign and signifier.

An excellent example of the stricter degree of conformity between syndrome and meaning required in the plot of a tale than that of a case history is the story "Rui Yun" in *Liaozhai's Records of the Strange*. This collection of tales and anecdotes by Pu Songling was written about one hundred years after Sun Yikui's case histories but was not published until 1766. Sun's solution to the problem of how to marry a top-ranked courtesan on the cheap was so ingenious and so sensible that I figured it ought to be a common plot device in the scholar-courtesan romance. But the only story to turn up was this one, in which the intermediary figure of the doctor is replaced by a mysterious figure with magical powers, and the ailment the courtesan suffers from has an unmistakable moral significance.

Rui Yun is a beautiful and talented courtesan in Hangzhou who takes a shine to a poor scholar, the hero of the tale, who also falls deeply in love with her. She has persuaded her madam to let her bestow the honor of taking her cherry on the client of her own choice. She selects this poor scholar, who is deeply moved by her recognition of his true merits, but of course he has no way to raise the necessary sum and is forced to break off with her. A short time later, another man, also identified as a scholar, meets with the courtesan and touches her forehead with his finger, leaving behind a black stain. After he departs, she finds the stain cannot be washed off, and to her horror, similar black marks gradually spread across her face, completely disfiguring her. The madam strips the now useless courtesan of her finery and demotes her to the kitchen, where our hero, the poor scholar, finds her working as a scullery maid, hideous and miserable. Moved by her plight, he offers to buy her from the madam, who agrees. Although her purchase price is not very high, he must still sell his land and all of his belongings to raise it. He takes her home and marries her.

About a year later he happens to be introduced to a stranger, also a scholar, who abruptly brings up the courtesan Rui Yun and wonders whatever happened to her.

"She married someone," he replied.

"You don't happen to know what her purchase price was?" continued the stranger.

"Because she suffered from a rare disease, she actually went pretty cheaply," he admitted.⁴⁷

It turns out, of course, that this is the very man responsible for inflicting the black mark in the first place. He had done so out of pity for the courtesan, to keep her "true value" hidden and intact until someone who "really loved talent" came along to appreciate her. "Well," says the poor scholar eagerly, "if you could

stain her, can you also cleanse her?" The stranger prepares a basinful of water for him and tells him, "When she washes her face with this, she'll be cured. But she must come out and convey her thanks to the doctor in person."⁴⁸

We can easily see that this is an idealized and allegorized version of Sun Yikui's plot in the case of the courtesan suffering from wind-pain. (My point in comparing these two narratives is to demonstrate their shared cultural background rather than any textual borrowing or direct literary influence.) In Pu Songling's tale, however, the relationship between the illness and its meaning is the opposite of arbitrary. The ailment is only *skin deep* to drive home the obvious lesson that the exemplary lover must be able to see past the surface and prize what lies beneath it. Moreover, the disfigurement relies on a not very subtle dialectic between a woman's true beauty and moral/sexual integrity, between a woman's true worth and her monetary value in the commercial market.

Causality has been strengthened to the point in this tale that not only the cure but the illness itself is the deliberate result of the intermediary figure. For this reason, this figure must be a magician of sorts, not simply an ordinary doctor, and the story speculates at the end that perhaps the stranger was an immortal (*xian*). Nonetheless, his basic affinity to a medical practitioner has earlier been affirmed when the narrative refers to him metaphorically as a doctor to be thanked. (The underlying medicalized view of the courtesan's predicament is also brought out by describing it as a "rare disease" that can be "cured.") The plot is motivated, as so many of Pu Songling's stories are, by the mechanics of requital and reversal. Because the courtesan at her peak valued the scholar in his poverty, he in turn values her when she is worthless. This is why, in contrast to the case history where the courtesan's lover is in cahoots with the doctor and prudently refrains from offering to buy her until he is confident she can be cured, Rui Yun's lover must be kept in a state of total ignorance so that he can prove the sincerity of his love and show himself worthy of such a prize. (Of course, Pu Songling is somewhat disingenuous, since the reward for unswerving devotion in the face of hideous disfigurement is the restoration of the beloved's beauty—but after all, his is a literature of wish fulfillment.)

The cultural ideal of *zhiren*—the ability to recognize another person's true worth—is the guiding force in both the tale and the case history. In the tale, as befits a romance, this recognition is distributed equally between the two lovers; the intermediary figure simply ratifies their mutual devotion and engineers the happy ending. In the case history, however, knowledge of human nature is represented as the monopoly of the doctor rather than the specific property of the lovers, so that it is he who is congratulated on his judgment in people. Thus despite the seemingly anomalous qualities of this case, on closer look we can see that it actually reinforces one of Sun's main themes. This case once again drives home the point

that the knowledge he possesses as a medical practitioner is not "merely" a branch of specialized, technical, professional skill, but a component of the broad learning and insight expected of a true literatus who happens to be a physician. This point, somewhat paradoxically, lies at the heart of Sun's claim to medical authority.

Example 2: The Case of the Doomed Courtesan

The second case superficially resembles the previous one: a friend brings Dr. Sun to visit a courtesan and he diagnoses her illness. But the particular circumstances and the outcome are very different. The friend, Wu Xiaofeng, a scholar, is also Dr. Sun's patient and the medical subject of two case histories of his own in the book.⁴⁹ He takes Dr. Sun to meet the courtesan not in Sun's professional capacity as physician, but as a man-about-town at leisure. The two friends are traveling together, and as it is the mid-autumn festival, Wu proposes that they celebrate the holiday in the company of a courtesan he knows. Sun goes along with the idea and, when he meets the courtesan, concurs with his friend's view of her appeal. But soon she makes the mistake of coughing twice in succession. Wu now assumes the role of the friend in the previous case and begins to act the part of the man responsible for a sick woman in consultations with a male doctor. When she denies she is ill, he urges her to take advantage of Dr. Sun's presence and have him examine her. Xiaofeng's tone is half bantering, as befits a drinking party, but the analogy of Sun to Bian Que, the legendary physician from antiquity, serves a more serious twofold purpose. The analogy is a standard compliment for a doctor, following Sun's usual technique of placing a positive assessment of himself in a third party's mouth, but it also prepares the reader for the stunning feat of clinical reasoning that he will pull off in this case.

In contrast to the previous case, where the courtesan's illness was known and identified at the outset, here the process of detection and the solution to a puzzle—the hermeneutics of the medical plot—is everything, since the illness is diagnosed as terminal and a cure is out of the question. As clichéd as the Bian Que analogy is, it proves to be particularly apt in this case, because it describes the kind of preternatural ability to see the invisible and predict fate that Bian Que was proverbial for.⁵⁰ What is highlighted as extraordinary in this case is the fact that on the basis of a trivial clue (the two coughs in succession), one pulse examination, and a series of questions, the doctor is able to foresee the entire course of the patient's illness before she herself is even aware of being ill. (The extent of this *tour de force* is highlighted by the friend's interjection, "But she isn't even sick yet! How could you reach such a conclusion?") Picking up on the correlation between illness and crime as two manifestations of disorder, implicit in the analogy between the medical case and the crime case story, we may describe Sun's diagnosis of the courtesan's terminal illness as the equivalent of a magistrate's accurately

predicting and solving a murder before it actually takes place without having the power or desire to prevent it.

The key fact for Sun in this case is that the woman who coughs is a courtesan, not a respectable woman, and a courtesan for him is coded as lustful. As he declares to his friend in the conclusion to the case, "A courtesan is ordinarily overcome with passionate desires." Such a statement is damning not only morally, but physically in the terms of the medical discourse of the time, which understood sexual moderation as a key to good health.⁵¹ Sun's indifference (or even hostility) to this woman's plight contrasts sharply with his pity for the courtesan in the previous case. We might attribute the discrepancy to his view that Suqin did not possess the true nature of a courtesan, an interpretation borne out by the success of her marriage.

Upon closer reflection, however, one might also explain the discrepancy as the result of the very different circumstances and expectations of the doctor's visits to these two women. In the first case, he is brought in to see a patient bedridden for many months, suffering from a wasting disease. There is no question of attraction on the doctor's part. In the second case, however, he has come to attend a holiday drinking party with a pretty courtesan. His first reaction confirms his friend's high estimation of her charms ("I saw she did have a refined and charming air about her"). He has every expectation of enjoying a pleasant evening, perhaps even ending up in her bed. But she spoils everything by coughing. In the course of the examination, any lustful feelings that she might have aroused in him are now projected back onto her. Moreover, her lustfulness is now explicitly revealed to him as a sign of a pathological imbalance within the body, something above and beyond the "ordinarily" lecherous nature of a courtesan.

The information the doctor elicits when he questions her is tantamount to self-incrimination. Her odd pulse reading suggests to him that she suffers from "involuntary spending," a hypothesis that she herself later confirms. Although the doctor goes through the motions of addressing questions to his friend as the man in charge of a woman's illness, the courtesan is soon portrayed as replying to the doctor's questions herself without any intermediary. The courtesan's direct replies might simply be a literary expedient, to prevent the tedious back and forth of "he said, she said." But it is my impression from other cases that women are never represented as discussing their own illness or bodies with a doctor the way this courtesan does here. If so, then this is another way in which the doctor presents this particular courtesan as unseemly or "lacking the air of a lady of good family."

Mengyi, the syndrome he refers to, means "oneiric emissions or wet dreams" and is ordinarily applied to men. It is a common category in medical reference books and is also depicted in fiction, but not normally applied to women in Ming or Qing writings. Instead, when an equivalent for women is mentioned, it is usu-

ally called *meng jiao* (oneiric intercourse, usually with ghosts, gods, or demons). *The Crimson Sea* includes an entry for "oneiric emissions" (11.270–11.272), which Sun discusses exclusively as a male problem, mentioning the syndrome of "oneiric intercourse" for women only in passing, since he gives fuller attention to it in an entry titled "dreams of intercourse with ghosts" (*meng yu gui jiao*, 20.452) in the section of the encyclopedia devoted to female disorders.⁵² Nonetheless, Sun apparently isn't puzzled at coming up with a pulse reading signifying "oneiric emissions" for a woman; what strikes him as inappropriate in this case is that the woman is a courtesan.

Sun's encyclopedia entry for oneiric emissions, which quotes extensively from Zhu Zhenheng's work, seems typical of the medical literature on the subject. Such emissions are considered a worrisome disorder, a sign of imbalance in the body that results in the squandering of finite resources of vitality. Medical compendia of the period indicate that sexual frustration or unrequited love were possible causes, but so was studying too hard or a weakened Kidney system. Early seventeenth-century physicians such as Zhang Jiebin ascribed the root cause of the disorder to the Heart or mind, for it was known that the Kidneys, which governed reproductive function, responded to emotional and mental stimuli by producing fluids. But erotic dreams were understood by doctors to be as likely to result from somatic as psychological imbalance—from the stirring of Essence or the stirring of amorous feelings—and so Zhang Jiebin argued that it was necessary to strengthen the Kidneys as well as purify the Heart, the system that governs consciousness, including thoughts and feelings.⁵³ Nonetheless, in view of Sun's surprise at coming upon a diagnosis of oneiric emissions for a courtesan, we can assume that at least for a woman he would expect to find this syndrome only among those suffering from sexual frustration with little opportunity for amorous encounters.

Particularly damning is the courtesan's confession that she suffers not only from involuntary spending at night, but even when she is in bed with a client. What this means for Sun is that her desires are out of control, hence his dark pronouncement, "When Heart and psyche have no regulating force, then the rule is there is no cure." This situation is especially grave considering the other signs of bodily imbalance he finds: amenorrhea, cold sweat, and exhaustion, which all indicate a deficiency of yin and a depletion of vitality.

The other key to the case is seasonal factors, which interact macrocosmically with the microcosm of the body. Sun records the month and year before the narrative proper begins ("Mid-autumn, 1572"), an unusual practice for him in the casebook. The time of year is then immediately explicitly narrativized within the case history: the arrival of the mid-autumn festival is the reason the doctor and his traveling companion decide to spend the evening with the courtesan. The tim-

ing of the doctor's examination of the courtesan is important because it is the unseasonable rampancy of her pulse that makes his reading so alarming. It is normal, he declares, for the pulse to be strung in the spring, when yang is increasing, but not in the autumn, when yin is increasing. Seasonal factors also play an important role in his application of Five-Phase reasoning to her case: "Now it is autumn, when the phase of Metal is increasing, and her pulse still so rampant. Imagine what will happen in the second month early next spring when the phase of Wood is increasing and Fire is the minister. Then her Lung Metal will be parched and impotent, and her reserves for ascending Water will already be used up."

In Five-Phase cosmology, Metal is the phase associated with autumn and the pulmonary system; Wood is the phase associated with spring and the hepatic system. Thus it sounds as though the courtesan has spring desires in autumn. Desire is appropriate for spring, the season of burgeoning, flowering, and ascending yang, but not in the autumn, when yang is waning and yin is waxing. In the autumn, *Inner Canon*, the foundational text of learned medicine, teaches one to sleep alone, to conserve and store primal qi vitalities. In the courtesan's case, she will not have stored primal qi but will have continued to dissipate it through sexual encounters and involuntary spending. Her reserves of Kidney Water (generative vitality) will be depleted, so that she will be especially vulnerable to the ascending yang fires of seasonal qi. The reference to water ascending alludes to the proper bodily functioning relationship of Water (Kidney, generative vitality) and Fire (Heart, psychic functioning). In a healthy person, Water and Fire circulate, with Water ascending to cool the passions while Fire descends to its proper hiding place in the body's generative centers, available for use. Since her Water is exhausted, nothing will curb Fire's heat, which will be exacerbated next spring and burn all the brighter, especially because, as Sun insists, "courtesans are ordinarily overcome with desire."

A biomedical reading of this case is also possible. Such a reading would focus on Sun's attention to her cough, his discovery of her amenorrhea, his allusions to parched and impotent lungs and conclude he was diagnosing consumption.

Dr. Sun's tour de force of clinical reasoning not only completely exculpates the doctor for not helping the patient and elicits the reader's admiration for his diagnostic abilities, but also blames the patient for her own illness, since lustfulness is paradoxically labeled a standard attribute of a courtesan and singled out as a sign of pathology. Here the case pivots on the physician's command of a specialized discourse and his display of technical knowledge in contrast to the previous case, which developed the theme of the doctor's breadth of knowledge and his acumen in judging people as the key to practicing medicine. Nonetheless, the two cases share a similar model of medical knowledge and authority. On the basis of external signs, the physician shows himself able to divine the unknowable or to see

what lies concealed inside a person. The early affiliation of doctors to diviners and magicians in Chinese historiography would have made the self-presentation of the physician as a "wizard of detection" in his case histories all the more expected and plausible to his patients and readers.⁵⁴

Example 3: A Case of Postpartum Madness

The third case (1.746–1.747 #28), one of the longest in the book, involves the daughter-in-law of a high official who suffers a bout of life-threatening madness after a difficult delivery. Madness and related symptoms of vertigo, fainting, raving, or hallucination constituted a common postpartum syndrome in Chinese medical reference books. Sun's casebook includes about four or five related cases, though none of the others is detailed at such length. The syndrome appears at least as early as the influential Song dynasty classic *Complete Good Prescriptions for Women* (*Furen daquan liangfang*), by Chen Ziming (1190–1270), all the way up through eighteenth- and nineteenth-century works and probably later. *The Crimson Sea* is no exception; it contains four entries that describe postpartum symptoms of this sort.⁵⁵ In this particular case, the woman's crisis is precipitated by the birth of a girl when she had longed for a boy; shortly after, the girl died and the woman was left with no baby at all. (Sun does not mention whether she has other children; presumably not). After the news of the infant's death, the woman falls into a dead faint. When she comes to, she is having some sort of a fit and has lost her senses. Sun refrains from drawing explicit conclusions about the woman's mood and state of mind at the baby's death other than to say that she is "despondent," but he links events into a narrative sequence clearly enough for the reader to infer it. There are strong indications that the patient blames herself for her infant's death; in one of her subsequent crazy spells in her sleep she slaps herself in the face and pounds her chest, self-punishing behavior that clearly denotes self-reproach and remorse.

Sun does not attribute the woman's illness to her emotional state. Instead, he operates according to two related medical premises: First, since no "noxious dew" (*shu*; what biomedicine would call bloody vaginal discharge, or lochia) flowed at the time of the birth, she is suffering the ill effects of retaining this foul, stagnant fluid inside her body;⁵⁶ this postpartum blood is imagined as an obstruction within, rather like, or even interchangeable with, phlegm in the chest, which can block the Heart system and thus affect consciousness (*shen*). Second, she is suffering from a depletion of Blood in the Heart system. As Sun mentions in an encyclopedia entry on postpartum fright syndrome, quoting Xue Ji's sixteenth-century revision of *Complete Good Prescriptions for Women*, since the Heart is understood as the organ regulating the person as a whole, and since the Heart regulates Blood, once the Blood in the Heart is depleted, that person's psychic well-being is at

risk.⁵⁷ Other postpartum entries in his encyclopedia rehearse variations on these two problems: obstructions of stagnant Blood/phlegm or a depletion of Blood. Both conditions have the effect of disabling the Heart system, which regulates consciousness, and thus can provoke a range of syndromes such as madness or hallucination. In the other cases of postpartum madness in the casebook, Sun tends to adopt one or the other (excess Blood, mainly in the form of unexpelled noxious dew, or Blood depletion in the Heart system, sometimes with excess heat or Fire).⁵⁸

The therapeutic issue for Sun Yikui seems to have been whether to concentrate first on breaking up the stagnant Blood and stimulating the expulsion of the noxious dew or whether to concentrate first on replenishing strategies and deal with other problems later. In the late Ming, the strategy of first breaking up Blood was considered rather old-fashioned, while replenishing first, as advocated by physicians such as Zhu Zhenheng, was more up-to-date.⁵⁹ The complicating factor in this case, as usual, is that another medical practitioner has already preceded Sun on the scene. The unusual thing is that this doctor is a woman. She has already established a relation of trust with the patient, and most aggravating of all to Sun, as a woman, she has easy and intimate access to the patient's bedchamber.⁶⁰ This doctor has already gone the route of replenishing first: the ginseng she gives the patient is a powerful replenishing agent. Though ginseng alone without any balancing agents would have been considered rather crude pharmacology, Sun himself, as we have seen, was a strong advocate of ginseng in clinical treatment.⁶¹ Here Sun is almost obliged to adopt the other tack: he insists upon the need to expel the noxious dew and phlegm first and takes his rival to task for administering such a strong replenishing agent right off the bat. (Later, after the patient has vomited up some phlegm and her postpartum discharge has begun to flow, he does include ginseng as one ingredient in a replenishing prescription.)

The other interesting thing about this case is that the patient's attack of postpartum madness includes not only loss of consciousness, bodily control, and reason, but also a bout of what looks like full-blown possession. At least that is what all the members of the household think when the patient begins fiercely declaring in elegant Mandarin that she is the bodhisattva Guanyin. This behavior is considered all the more aberrant because as a southerner born and bred to the Wu dialect, she would not be expected to have known Mandarin, which is a version of northern dialect. Add to that the characterization of this patient as a lady of high status, someone whose conversation had always been "proper and circumspect," a woman whose constitution had always been "frail" and who must be suffering from some form of postpartum exhaustion, and it is no wonder that the household members who knew her before the birth are convinced she must be possessed by the bodhisattva and address every manner of prayer to her. The doctor

maintains himself as the lone voice of reason at this domestic scene of mayhem: "This is because the noxious dew was not completely expelled after the birth! Harboring all this blood has given rise to a syndrome that makes it seem as though she were seeing spirits. But in actuality, she is isn't being possessed by any god or Buddha."

After he shouts words of reason at her, she finally falls silent and he gives her some soul-calming powder mixed with talc and boy's urine. "Soul-calming powder" (*qinghun san*) as the prescription of choice here seems on the surface to potentially contradict the doctor's firm opposition to the possibility of an actual possession. But this prescription was an old remedy from *Complete Good Prescriptions for Women*. In *The Crimson Sea*, Sun lists this prescription as a cure for "postpartum Blood faintness" (*chanhou xueyun*); the recipe provided includes ginseng as well as ligusticum root (*chuanxiong*), a Blood harmonizer frequently used in prescriptions for women, and boy's urine is listed as one possible mixing agent (*diaoju*) to accompany the dose.⁶²

Conspicuously absent from this scene is the female doctor. Sun conveniently blames both the patient's two relapses after he has taken over the case on medicines the female doctor had smuggled to her behind his back, and he naturally makes no mention of any alternate interpretation that his rival might give for the relapses. He does not lump the female doctor among the household members foolish enough to believe the patient was really possessed by a bodhisattva. In fact, he is unable to accuse the female doctor of following any healing practice deemed "unorthodox" from the point of view of Ming learned medicine, such as exorcism, ritual magic, or even acupuncture.⁶³ He finds no grounds to label his rival a "shaman" anywhere in the body of the case, but he is clearly deeply resentful to find himself in competition with a doctor who is a woman.

This is where the rhetorical structure of historical biography comes to his aid. It was conventional in both historical and fictionalized narrative for the author to append personal evaluative or interpretative comments after the conclusion of the story. The rhetorical and subjective cast of such comments was meant to contrast with the objective, relatively plain account of events found in the body of the text. The practice originated in early histories such as *Zuo's Commentary* (*Zuo zhuan*) or *Records of the Grand Historian*, where such comments were set apart under a distinct rubric such as "A gentleman remarks" or "The Grand Historian says." In late-Ming times, it was common practice in the classical tale for the author to invent a playful sobriquet as a rubric for his comments. Sun Yikui does not adopt a sobriquet or set his evaluation off under a clear rubric in this case, but the shift in tone and the rare employment of a historical allusion outside the realm of medicine clearly signals that he has moved to the territory of rhetorical comment.

In the past, Bian Que said: "There are six illnesses which cannot be cured. Trusting a shaman and not a doctor is one of them." Formerly it was said that employing drugs is like employing an army. Despite the brilliance of the great General Guo Ziyi, because of [the terrible eunuch] Yu Chao'en's interference, he didn't succeed. I am certainly not in the same class as General Guo, but the errors that woman doctor committed were even worse than Yu Chao'en's treachery. Ah, one cannot be too cautious!"

In the comment, Sun can voice the sentiments he could not put into words in his narrative of the case. Although the woman doctor is not technically a shaman, she is the equivalent of one. The patient's mistake lay in not trusting in him, a true doctor, but in his rival, a false one. The analogy between the woman doctor and the treacherous Yu Chao'en is particularly apt in this case since Yu Chao'en was a eunuch, a nonman, the functional equivalent of a woman. In literati discourse, the eunuch was a despised category of person, the good Confucian official's traditional rival for the emperor's ear at court, and any participation by a eunuch in state affairs was by definition classified as evil and illegitimate.

The comment is also important because it lays bare one of the basic structuring mechanisms of the case history. The cliché "employing drugs is like employing an army" does more than simply imply that just as women and eunuchs don't belong in an army, so, too, women don't belong in the ranks of learned doctors.⁶⁴ Since the late Ming medical case is typically set up as a struggle with rival doctors, the narrating doctor's battle and eventual triumph over the patient's illness are often represented through or even replaced by his struggle with his rival. Sun's shift to a military rhetoric here underscores the point that in the case history, the rival doctor, rather than the illness itself, is frequently the doctor's chief adversary. In this particular case, the female doctor is clearly portrayed as an "internal enemy," one who has access to the trust of the patient and to her bedchamber and who can weasel her way in whenever the poor doctor's vigilance is relaxed for a moment. And finally, his rhetorical comment fits his usual self-promotional strategy for closure, since he is able to compare himself favorably with the brilliant, loyal Tang general Guo Ziyi and blame any miscalculations of his own in the treatment on the interference of a despicable adversary.

CONCLUSION

Sun Yikui was a talented storyteller with an eye for detail and an ear for dialogue. The liveliness of his style and his enjoyment of writing are evident throughout his work. Yet of course Sun's casebook was not published as a conglomeration of literary anecdotes but as a contribution to the specific field of medicine. To return to

the starting premise of this volume—the style of case-based reasoning and its relation to specialist knowledge—we need to ask what precisely a case does in the casebook that it does not do in any of Sun's other writings. To address this question, we must first compare briefly all three of his published works, each of which follows a clear-cut intellectual division of labor.

The Crimson Sea includes only cases drawn from the works of other doctors. As a general medical encyclopedia, this longest of Sun's works is classified by nosology and further subdivided by syndrome, providing formulas for prescriptions used to treat a given ailment. Like many other reference books, it assembles the existing written wisdom on a general subject by excerpting relevant passages from previous works and authors. As an expert on his subject rather than a simple editor, Sun discusses these passages at length and offers his own opinions. But he confines himself to discussions of texts and does not bring in evidence from his own clinical practice.

The Purport of Medicine is a miscellaneous work that takes up individual topics in medicine. Sometimes individual cases drawn from Sun's own clinical experience are included as examples to explain certain problems or to illustrate certain views, but the name of the patient is usually omitted.⁶⁵ In this book, as in *The Crimson Sea*, Sun frequently refers to himself by his literary sobriquet, "Master of Generation" (Shengsheng zi), and follows the literary convention of placing his opinions as comments under the rubric of this sobriquet. Some of the cases he includes are even introduced by the words "The Master of Generation remarks."

When we turn back to Sun's casebook, certain aspects of the way he constructed his cases and what he hoped to achieve by grouping them together come into better relief. For a start, take names. Sun provides not only the full names of his patients, but their rank when applicable and how and where he came to treat them, in order to prove, as the notice of editorial principles explains, that "they were recorded based on fact" (*ju shi er lu*). Sun also avoids referring to himself by his literary sobriquet, since that would have the force of making a case seem more like an opinion being voiced than an event that had occurred. In this light, Sun's attitude toward names in the casebook, along with his decision not to classify his cases into medical categories, seems part of an overall strategy meant to distinguish a case from an example. After all, an example can be made up or synthesized because it is meant to flesh out a general theory or illustrate a specific point rather than to provide a narrative record of individual experience as a case does. The pithy definition Andreas Gailus proposes based on his synthesis of Forrester and Jolles seems particularly apt here: "a case occupies the logical space between example and anecdote—it is a set of events in other words that is reducible neither to an instance of a general pattern nor to an incident with only local significance."⁶⁶

Chinese medicine did not subscribe to the idea of a general pattern of disease that would follow the identical course in each individual sufferer. Learned doctors in particular stressed the singularity of each person's disorder, which required the kind of complex diagnosis and individually tailored prescriptions that they alone could deliver. But there was also considerable pressure to provide standardized cures, to assume that certain drugs or drug combinations would always work for a given syndrome—to seek the very kind of short cuts the many set formulas in *The Crimson Sea* provided or that were even more accessible in the numerous books of prescriptions (*fang shu*) on the market.

Sun Yikui was a vocal opponent of rigidly adhering to any pharmaceutical formula, and he devotes an entire essay to this subject in *The Purport of Medicine*. Medical books may be used for reference, he cautions in this essay, but one cannot stubbornly follow them. A physician must approach each new patient with an open mind and find the real cause of his illness before composing a prescription—one must never force the illness to fit an already existing formula.⁶⁷ Sun's casebook was, in part, designed to show how a doctor adapts his therapeutic course of action to fit each new situation. As editors, Sun's sons and disciples sought to emphasize this quality of the book by adding the words *you fang*—"invention here"—in the table of contents after the title of any case where Sun had made some significant innovation.⁶⁸

Sun's use of colorful narrative detail in his cases served the pedagogical function of showing how each encounter with a patient differed. In effect, Sun's casebook taught not only how to apply medical theory and prescriptions derived from a bewildering proliferation of books to an actual situation, but also how to cope with the complex social relations of a clinical practice. And he did so through a fusion of literary and personal authority. As he expressed the wish in his preface, he is making the casebook public so that "when practitioners of this profession who come after me open this book, it will be as though I am there guiding them."⁶⁹

NOTES

Early drafts of this paper were presented at the Southern California China symposium on Chinese Medical Cases held at UCLA, January 1998, and the Berkeley conference on Cultural Studies of Chinese Science, Medicine, and Technology held February 1998. I am especially grateful to Charlotte Furth for helping me make sense of Sun's clinical reasoning. My thanks also to Yan Weikang, librarian at the Research Institute for Traditional Chinese Medicine in Beijing, for introducing me to Sun Yikui in the first place.

All references to Sun Yikui's writings are keyed to *Sun Yikui yixue quanshu*. The first number refers to the *juan*, the second to the page number; for the casebook, my calculation of the case number is also given.

1 Scholars have warned against confusing medical cases, even Freud's long cases, with fiction. See Marcus, "Freud and Dora"; Rothheld, *Vital Signs*; Hunter, *Doctors' Stories*; Epstein, *Altered Conditions*; Cohn, *The Distinction of Fiction*.

2 Chinese catalogues erroneously date the earliest published edition of the casebook, in the Research Institute of Chinese Medicine Library, to 1573 (*Quanguo Zhongyi heshu hanke mulu*, 627) or to 1584 (*Zhongguo yiji tongkao*, 4949). My dating is based on internal evidence: a case dated 1593, and prefaces dated 1596 and 1599, which mention that the casebook is being published after Sun Yikui's other works.

3 The title refers to a parable about the legendary Yellow Emperor having left behind a "dark pearl" on a trip to a mythical Crimson Sea. For the allusion, see *Zhuangzi jinzhuzi jinyi*, "Tiandi," 302.

4 For a study of a medical publishing house operating in Hangzhou and Suzhou from the 1620s–1690s, see Widmer, "The Huangduzhai."

5 Sun's preface to *The Crimson Sea* describes the length and difficulty of the writing and publishing process. (In *Sun Yikui*, 13).

6 The list of readers and collators attached to *The Crimson Sea* most likely includes the names of some contributors in *Sun Yikui*, 14. The largest contributor to the casebook's publication was most likely Pan Jiansuo, a wealthy official in the Sanwu region. For Pan Jiansuo's offers to help finance the casebook's publication, see the letter he wrote to Sun ("Pan Jiansuo lao xiansheng ji"), which was printed in the earliest extant edition of the casebook in *Sun Yikui*, 723, and the account of a conversation in Sun Ye, "Zhuo Shengsheng zai yi'an xiaoxu," in *Sun Yikui*, 7.2.

7 On the itinerant habits of doctors, see Grant, *A Chinese Physician*, though she links the dissemination of medical books to traveling merchants rather than to traveling doctors.

8 *The Crimson Sea*, in *Sun Yikui*, 12.232–12.233. On this therapeutic school of thought, see also Furth's chapter in this volume (chap. 4).

9 *The Purport of Medicine* (*Sun Yikui*, 2.677) includes a difficult case in which Sun goes to consult a teacher, taking his record of the patient's pulse diagnosis (*mai'an*) with him. Sun identifies the man as Huang Gutan, a disciple of Wang Ji and also from Anhui, but it is not clear how formally or for how long Sun studied with him. Sun does not mention having studied with this man in the autobiographical account in *The Crimson Sea*, suggesting that it was not a formal discipleship.

10 On Anhui medical culture, see Grant, *A Chinese Physician*, chap. 1. Chapter 4 of this volume (by Furth) points out that fully half of our published case histories in the Ming can be linked with men from this region. The first edition of *The Crimson Sea* was published by the famous Huang publishing house in Sheyi (Shexian), Anhui.

11 Wang Ji's *Shishan yi'an* included something over one hundred cases (Grant, *A Chinese Physician*); the casebook of Cheng Chongzhou, who practiced medicine in Yangzhou during the 1620s and 1630s, consisted of ninety-three cases in only two chapters (Furth, *A Flourishing Yin*, 226–265).

12 Zeitlin, *Historian of the Strange*, 3–4.

13 For examples, see Jiang Guan, comp., *Mingyi lei'an*, 8.242 and 2.74–2.75. Jiang's anthology of physicians' cases from antiquity to his own time was completed before his death in 1565 and circulated in manuscript form but wasn't published until 1591.

14 In fact, *Mingyi lei'an* is the sole source for nineteen otherwise lost entries from *Yijian zhi*, which are reprinted in Hong Mai, *Yijian zhi*, 4:1789–1796.

15 Sun Yikui, "Yi'an xiaoyin," in *Sun Yikui*, 713.

16 See Cullen, "Yi'an (case statements)," 304–305; and Sivin, *Medicine, Philosophy, and Religion*, 177–184.

17 Sun Yikui, "Yi'an xiaoyin," in *Sun Yikui*, 713.

18 Chandler, *England in 1819*, 208; and Jolles, *Formes Simples*, 137–158.

19 Chandler, *England in 1819*, 209.

20 "Fanli," in *Sun Yikui*, 724.

21 Hunter, *Doctors' Stories*, 21.

22 *Ibid.*, 22–23.

23 Yong Rong et al., eds., *Siku quanshu zongmu*, 1:105.887.

24 For criticism, see *Zhongyi dacidian*, 93. For praise, see Han Xuejie and Zhang Yinsheng, "Sun Yikui yixue," 842.

25 A case in which he treats the wife of a bamboo craftsman is one of the few involving a lower-class patient (2.774 #151); the others involve mainly servants in the household of long-established patients.

26 The *Classic of Changes* is significant first because it is considered the foundational classic for the technical arts, and second, in Sun's first case friends introduce him to some patients because all of them share an interest in the *Classic of Changes*. This suggests that Sun regarded specialization in this classic as a family tradition that he participated in, both in a scholarly and medical capacity. The fourth essay in *The Purport of Medicine* (*Sun Yikui*, 648) is on the importance of the *Classic of Changes* for medicine and argues that any understanding of the one facilitates understanding of the other.

27 "Zixu" for *The Crimson Sea*, in *Sun Yikui*, 13.

28 Sima Qian, *Shiji*, chap. 105.

29 For example, the military genius of Chen Liang, later Marquis of Liu, is attributed to his being given a divine book as a boy in *Shiji*, chap. 55. On the "persistence of revelation" in accounts of the transmission of medical knowledge, see Sivin, *Medicine, Philosophy, and Religion*, 91–95.

30 *Bieji*, which could be published during a person's life as well as after his death, typically consisted of poetry, essays, and belles lettres; the book could be organized by genre or as an anthology of previous collections, but it usually followed some sort of rough chronological order.

31 For the term "annalistic autobiography," see Wu Pei-yi, *The Confucian's Progress*, 32–41. Works of this sort are composed in the form of year-by-year charts, but individual entries differ greatly as to length and detail. The earliest extant one dates from the thirteenth century, but the practice became more widespread in the sixteenth and seventeenth centuries and even more common during the eighteenth and nineteenth centuries.

32 Sun Yikui, 724.

33 "Zhang, Liu, Li, Zhu, Hua liu mingshi xiaozhuan," in *The Purport of Medicine, Sun Yikui*, 2.684.

34 Sima Qian, *Shiji*, 61.2127; Watson, trans., *Records of the Historian*, 11–15.

35 "Pan Jiansuo lao xiansheng ji," in *Sun Yikui*, 723. For a case history involving Pan, see 2.769 #137.

36 Furth, *A Flourishing Yin*, 242–244.

37 Cited in Han Xuejie and Zhang Yinsheng, "Sun Yikui yixue," 861.

38 An exception is case 149 (2.773), which Sun explicitly calls a "rare disease." Uncharacteristically, Sun says he has forgotten the name of the patient, a poor scholar, suggesting that it was the oddness of the illness that caused it to linger in his mind at all.

39 Indeed there are discussions of "vaginal protrusion" throughout the medical literature beginning with Chao Yuanfang, *Zhubing yuanhou lun* (610). An important reference for Sun in this case must have been the two cases of vaginal protrusion that Xue Ji (1487–1559) described in a commentary to his 1548 edited version of Chen Ziming's *Furen daquan liangfang*. (Yi-Li Wu, personal correspondence).

40 See Furth, "Body, Blood, and Gender"; and Bray, "A Deathly Disorder." Sun explicitly espouses this view in *The Crimson Sea*.

41 Leung, "Women Practicing Medicine," 119–120, discusses all three cases in which Sun competed with a female doctor in treating a patient. On the basis of this and other evidence, she argues that there was a considerable market not only for female midwives and popular female healers, but also for women doctors. On female doctors in the late Ming, see also Furth, *A Flourishing Yin*, chap. 8.

42 Barr, "The Wanli Context."

43 See, for instance, Chang, *The Late Ming Port; Ko, Teachers of the Inner Chambers; Wai-yei Li, "The Late Ming Courtesan."*

44 I borrow the term "medical plot" from Hunter, *Doctors' Stories*, 65: "The medical plot, the narrative organization of the case, is shaped by the physician's quest for an understanding of the patient's illness: a diagnosis."

45 Barr, "The Wanli Context."

46 See Zeitlin, "The Life and Death of the Image."

47 Pu, *Liaozhai zhiyi*, 10.1389.

48 Ibid.

49 Sun treats him for an eye ailment in the first case in the book (1.735 #1) where he is introduced to Wu Xiaofeng and his brother by a clansman of Sun's because of their mutual interest in the *Classic of Changes*. In a later case (2.764 #121), Sun cures Wu of a digestive complaint, thereby leading to Wu's finally fathering a son at the age of fifty. Their friendship and professional relationship must have therefore been of some duration.

50 Sima Qian, *Shiji*, 105.2785–105.2794. On the close association between seeing and divining in early Chinese medicine, see Kuriyama, *The Expressiveness of the Body*, 178–179.

51 Furth, *A Flourishing Yin*; Bray, "A Deathly Disorder."

52 In the entry on *mengyi*, he mentions only one prescription that might be for women, because it is taken from the well-known medical work *Good Prescriptions for*

Women (*Furen liangfang*). But this reference occurs in an appendix to the *menyü* category, labeled "spermatorrhea" (*jing hua bujin*), which again is ordinarily a male syndrome. Shapiro, in "The Puzzle of Spermatorrhea," 562, observes in his review of spermatorrhea and related syndromes in Chinese medical discourse that although "women's bodies also contained the vital essence *jing*, and as with men, it was regulated by the *shen* [Kidneys] . . . women fade from medical discussions of these disorders early on."

53 Zhang Jiebin, *Jingyue quanshu*, 19.357–19.359.

54 The phrase "wizard of detection" is from Hunter, *Doctors' Stories*, 22, where it is applied to Dr. Joe Bell, the Victorian physician whose lectures Arthur Conan Doyle attended while a medical student in Edinburgh. For the ancient Chinese doctor as "diviner," see Dewoskin, *Doctors, Diviners, and Magicians*.

55 These are "Postpartum Blood vertigo" (*chanhou xueyun*; 22.483), "Postpartum madness" (*chanhou diankuang*; 22.484), "Postpartum raving" (*chanhou kuangyan*; 22.484), and "Postpartum sudden hallucinations of ghosts or gods" (*chanhou zha jian guishen*; 23.486).

56 On the dangers of "noxious dew" for postpartum women and popular prescriptions for expelling and transforming this bloody vaginal discharge that were used to treat a variety of postpartum ailments, including raving or hallucination, see Yi-Li Wu, "Transmitted Secrets," 221–223.

57 "Postpartum Fright" (*chanhou xinshen jingji*), in *The Crimson Sea*, 23.486.

58 For example, see 2.756 #69, where too much heat enters the Blood Chamber, producing delirium as though the postpartum woman were seeing ghosts; or 1.751 #48, where a woman erroneously believed to be pregnant loses too much blood and becomes delirious; or 2.768 #135, where a postpartum young mother becomes delirious from not expelling noxious dew.

59 For a discussion of Sun's enormous debt to Zhu Zhenheng, see Han Xuejie and Zhang Yinsheng, "Sun Yikui yixue," 844–845.

60 Curiously, in this case Sun does not specifically mention any male relatives, such as husband or father-in-law, as involved in his dealings with the postpartum mother's treatment.

61 Recall his promotion of Wang Ji's essay refuting the taboo against ginseng quoted above. For a detailed discussion of Sun's views of ginseng, see Han Xuejie and Zhang Yinsheng, "Sun Yikui yixue," 844–845.

62 The entry describes "soul-calming powder" as something to be used when there is an abrupt postpartum loss of Blood and qi, or wild movements of depleted Fire with Blood following this Fire upward, resulting in a wild clouding of the senses, or when seeing sparks before one's eyes, and even losing consciousness altogether (*Sun Yikui*, 22.483). This powder is not part of the prescription given in the entry for "Postpartum suddenly seeing ghosts and spirits." There he suggests giving menstrual regulating powder (*diaojing san*) and cyress-nut powder (*boziren san*) instead (23.486).

63 Practitioners of learned medicine during the Ming generally shunned acupuncture, preferring to rely instead on herbal cures. In Sun's *The Crimson Sea* entry for seeing ghosts or spirits postpartum (23.486), he cites a passage from Xue Ji, the reviser of *Complete Good*

Prescriptions for Women, that explains the syndrome at length in terms of either stagnant Blood or depleted Blood heating up, both of which will impair the workings of the Heart system and affect consciousness. Xue Ji's entry ends, "If this condition is really the result of haunting by a ghost, however, then it can be cured by using acupuncture on the 'ghost wailing point'" (*gui ku xue*) (20.452).

64 For other uses of the drugs as army metaphor in Sun's work, see his essay "Bu zhi fang shuo" (On not sticking to one formula), in *The Purport of Medicine* (*Sun Yikui*, 851–852).

65 For example, the beginning of *juan* 2 includes four cases: one involving his younger brother, one involving an unnamed woman, one involving a named clansman of his, and one involving an unnamed traveler (*Sun Yikui*, 676–679).

66 Gailus, "A Case of Individuality," 79.

67 "Bu zhi fang shuo," in *Sun Yikui*, 2.682–2.683.

68 See the "Fanli" to the casebook, in *Sun Yikui*, 724.

69 "Yian xiaoyin," in *Sun Yikui*, 713.